

White paper

Effective employer strategies for chronic pain management

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September 2017

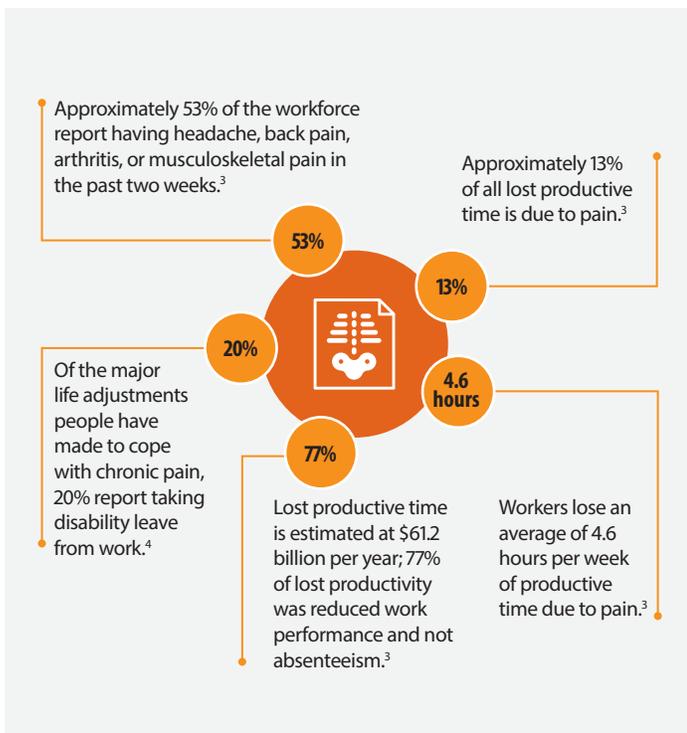


Together we'll go far



Conditions such as diabetes, heart disease, and cancer are commonly considered to be high cost drivers for employers and payers. However, there is a condition that afflicts more people and is more costly than all of these conditions combined: chronic pain.

According to the Institute of Medicine of the National Academies, 100 million Americans suffer from chronic pain, creating a silent epidemic of decreased quality of life, lost productivity, and increased medical costs, while also contributing to a dangerous epidemic of opioid abuse.¹ It is estimated that chronic pain incurs \$560 – \$635 billion annually in medical spend and lost productivity costs,² not taking into account the emotional and mental costs to sufferers and their families. While there is no question on the impacts of chronic pain, effective management has remained a challenge both clinically and in the workplace.



Understanding chronic pain

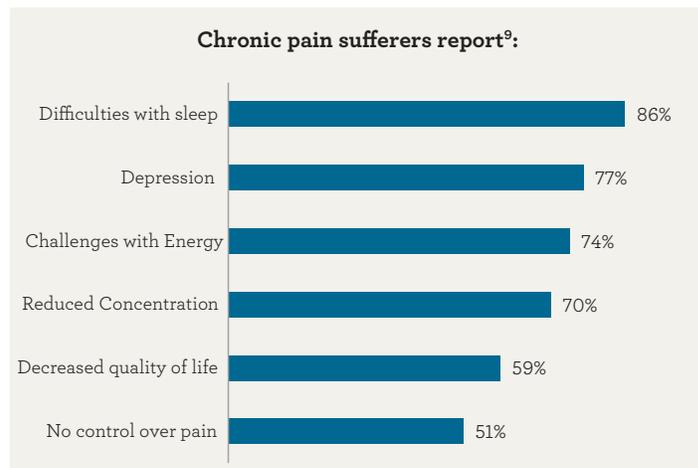
Chronic pain is a highly complex and poorly understood condition that creates challenges not only for safe and effective patient care, but also for managing the associated impacts to the patients’ psyche, work, and home life. Chronic pain can interfere with an individual’s ability to work, engage in recreational activities, and care for a family. Many people who experience chronic pain try to continue

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to work and perform as normal, which can exacerbate their condition and lead to further feelings of helplessness and frustration.

The International Association for the Study of Pain defines chronic pain as “An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage.”⁵ As described, pain can occur without necessarily accompanying any actual tissue damage. In the case of chronic pain, in a highly complex and poorly understood pathway, the perception of pain as a means to survival becomes maladaptive, leading the brain to perceive the presence of pain without any stimuli. The sensation of pain becomes a learned response independent of physical damage, along with feelings such as frustration, fear, hopelessness, and despair.

The causes of chronic pain vary widely and can occur at any point in life from various health conditions or injuries that have not healed or reconciled properly (such as from accidents or surgeries). Lower back pain, headache or migraine, and neck pain are the most commonly reported causes.⁶ Chronic pain is distinguished from acute pain both



in terms of duration (chronic is greater than three months)⁷ and in physiology, as chronic pain is associated with long-term neurological and psychological changes.⁸

Treating chronic pain with opioids

The steep uptick in the prescribing of opioids for chronic pain has created an even more difficult picture for management from both a clinical and workplace safety perspective. According to the Centers for Disease Control (CDC), the number of prescriptions for opioids has increased by 400% since 1999, yet there has been no decrease in reported pain. It is now estimated that 91 Americans die every day due to opioid complications, with this number expected to continue to rise.¹⁰

The use of opioids for long-term pain control can also impair function and lead to iatrogenic diseases, such as depression. In studies, patients using opioids for even a one-month duration were more likely to have new reports of depression.¹¹ Long-term opioid use for the management of chronic pain has also demonstrated increased risks for dependency, accidents, heart attack, overdose, and hormonal dysfunction.¹² As of 2017, the CDC now recommends that opioids *not* be used as a first-line therapy, and instead be prescribed with careful consideration of risks, and only in conjunction with other therapies.

Managing the impacts of chronic pain in the workplace

Because chronic pain can affect anyone at any time and has many broad impacts, management from a medical, workplace, and psychosocial perspective is a challenge. Employees with chronic pain can have claims under workers' compensation, medical and pharmacy benefits, disability, or EAP services. Alternatively, they might not ever seek formal treatment and try to work through the pain.

It is important for employers to:

- Educate employees on resources available and implement strategies to unite data to better coordinate care and track outcomes.
- Coordinate care across different channels and services and assist employees with finding appropriate resources. This helps eliminate silos and allows for more effective options for care, while minimizing risk.
- Provide onsite or remote resources or support services for treatment decision support, health coaching, ergonomics and fitness, and rehabilitation to help employees better manage their pain and care plans.

Effective integrative therapies for managing chronic pain focus on the reduction of pain (versus complete remission), management of psychological factors, functional rehabilitation, and allowing patients to safely and comfortably return to work and activities of daily living. A multipronged approach includes the following solutions:

- Conservative therapies
- Self-care, psychological, and social support
- Comprehensive health, safety, and productivity initiatives
- Worksite support
- Benefits design/value-based incentives

Conservative therapies

The goals of conservative strategies are to both alleviate pain and restore function. Using non-opioid medications (such as acetaminophen or ibuprofen) or injections can help to alleviate pain in the short term and provide the needed relief to allow for rest, healing, and rehabilitation. Other therapies, such as chiropractic care, physical therapy, acupuncture, yoga, and massage can help to restore function and retrain the painful feedback loop. Ergonomic training and support can be helpful in both the treatment and prevention of musculoskeletal pain. Chronic neck pain due to postural dysfunction from sitting at a desk was found to be reduced with resistance training for postural muscles.¹³ Technology developments, such as wearable devices that can provide feedback to the users to correct their posture, can be useful in encouraging compliance with correcting muscular imbalances that can lead to chronic spinal pain.

Self-care, psychological, and social support

Coping with chronic pain or caring for a loved one experiencing chronic pain can lead to feelings of burnout, stress, and a lack of control, which in turn exacerbates symptoms. Therapies that focus on appropriate management of stress and support, such as group education and therapy, can be effective for both patients and caregivers to ease the mental and emotional burden while promoting a healthy mindset for resilience. Therapies

such as meditation, hypnosis, and massage can reduce stress while therapies focused on reframing thoughts and perceptions of pain, such as cognitive behavioral therapy, can help with mental and emotional responses to pain. Additionally, allowing for personalization can yield better results; therapies involving art, music, animals, or other areas of interest to the patient are important to consider as part of a comprehensive plan.

Comprehensive worksite health, safety, and productivity initiatives

Many conditions associated with chronic pain are musculoskeletal in nature and can be aggravated by stress, excess weight, lack of muscular strength, and poor flexibility. Lower back pain is particularly costly, as the leading cause of both chronic pain and workers' compensation claims.¹⁴

Supporting initiatives for weight loss, strength and flexibility, and stress management can more appropriately prevent accidents and injuries. To reduce risks involving employees taking opioid pain relievers, proactively educate members on how to dispose of unused prescription medication. Also, review the drug-free policy to protect employees and reduce liability while making sure to include opioids in drug testing.

Benefits design/value-based incentives

Include abuse deterrence opioids on the formulary, along with medications such as buprenorphine that help in medication-assisted treatment (MAT). Consider implementing prior authorization and quantity limits for opioid use as a precautionary safety control, which can help prevent future problems. Steer members to centers of excellence or accountable care organizations for chronic pain and substance use disorder treatment for the most cost-effective and optimal clinical outcomes that are focused on evidence-based, multimodal interventions.

Specific worksite accommodations to consider



Cultural

- Promote a culture of health to improve health status overall, encourage activity, and boost engagement in participation with resources for healthier living and pain prevention.
- Provide communication about chronic pain resources for those afflicted, as well as, caregivers (community resources, EAP, resources for opioid dependence).
- Allow for flexible work schedules, ergonomic considerations, and transitioning of roles to allow chronic pain sufferers to continue to work.
- Treat pain as any other chronic condition and discourage employees from working through pain unassisted.
- Promote psychosocial support through a culture of caring, confidentiality, and partnership with employees.



Onsite

- Include ergonomic and strengthening programs as part of daily shifts; set reminders and provide equipment, posters, and comprehensive programs for better ergonomics.
- Consider the addition of onsite professionals (nurse case managers, physical therapists, chiropractors, massage therapists, etc.).
- Establish onsite programs for health and activity; encourage employees to use free resources and make it part of their workday.
- Offer areas for quiet relaxation, rest, and refocusing.
- Host educational events with pain management experts and strategies for caregivers on topics such as cognitive behavioral therapy, awareness on dangers of pain medications, and education on how to properly dispose of controlled substances.
- Encourage social interactions and support groups either in person or through electronic means.



Benefit design

- Leverage benefit resources and drive engagement to pain management programs; if centers of excellence are an option, steer members to them for pain management.
- Offer flexible savings accounts or health savings accounts for complementary medicine.
- Consider offering telehealth for physical therapy and mental health resources.
- Consider offering advocacy, treatment decision support, and second opinion benefits for best practices and conservative therapies.
- Develop data and engagement aggregation platforms to unite claims and data across multiple vendors.
- Conduct safety audits on opioid prescriptions.



Integration

- Coordinate with safety programs to manage medical, pharmacy, behavioral health, workers' compensation, and disability claims to understand where claims are occurring and how they can be best managed.
- Implement health and wellness programs to prevent pain, manage chronic pain, and promote better outcomes.
- Use data analytics programs and health and productivity experts to identify trends and provide guidance.

Conclusion

Unlike managing other common chronic conditions, where there are set diagnostic tests and evidence-based treatment guidelines, the diagnosis and management of chronic pain is largely subjective and treatment outcomes can vary widely. Guidelines can be slow to reflect recent developments in complementary and alternative therapies, which are proving to offer promising and safe alternatives for the management of pain.

When pain becomes a chronic and ambiguous condition, it challenges the current models of healthcare and management by requiring the patients to take a more active role in their care. The typical passive model of a patient presenting to a physician for a medication and experiencing resolution has proven to not only be ineffective but dangerous. Alternative, complementary, and integrative therapies, along with accommodations made in the workplace for integration and unique solutions can prove to be worthwhile and more effective than traditional models of care.

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